



APPLICATION FOR ADMISSION

A non-refundable fee of \$45.00 must accompany this application.

GENERAL INFORMATION

Applicant's Full Name _____
Last First Middle

Preferred Name _____ Gender: _____ Applying to enroll in _____ Entering grade _____
(month/year)

Date of Birth _____ Citizenship _____

Home Address _____
Telephone _____

FAMILY INFORMATION

Parent and/or Guardian 1

Parent and/or Guardian 2

Copy on correspondence Yes No

Full Name _____
 Mr. Mrs. Dr. Ms. Other _____

Home Address _____
(if different from applicant's)

Home Telephone _____

Occupation / Position _____

Business / Employer _____

Business Address _____

Business Telephone _____

Cellular Telephone _____

E-mail Address _____

College or University attended _____

IF APPLICABLE

Check all that apply: Father Deceased Parents Divorced Father Remarried Legal Guardian
 Mother Deceased Parents Separated Mother Remarried

Step Parent(s) _____
Name Mr. Mrs. Dr. Ms. Other Mr. Mrs. Dr. Ms. Other
 Copy on correspondence Yes No Copy on correspondence Yes No

Home Address _____
(if different
from applicant's)

Home Telephone _____

Occupation /
Position _____

Business /
Employer _____

Business Address _____

Business Telephone _____

Cell Phone _____

E-mail Address _____

College or University
attended

Other children in family

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Applicant's Grandparents (if living)

Name _____

Address _____

SCHOOL INFORMATION

Name of present school _____

Presently enrolled in grade _____ Years at present school _____ Telephone _____

Address _____

Principal/Head _____

Teacher _____

Applicant's extracurricular activities, hobbies, special interests _____

Has the applicant ever had any educational, psychological or neurological evaluation(s)? Yes No

If "Yes," please indicate date, type of testing, and examiner.

Is the applicant currently being counseled by a psychologist or other therapist? Yes No

If "Yes," please indicate name, address, and telephone number.

May we contact this individual? Yes No

Has applicant ever been requested to withdraw from any school? Yes No

If "Yes," please explain in accompanying letter.

Names and relatives or friends who have been students at Pine Cobble:

Name _____ Relationship _____ Class _____

Name _____ Relationship _____ Class _____

Name of friend or source who introduced you to Pine Cobble:

Name _____

BUSINESS OFFICE INFORMATION

Name and address of individual responsible for tuition and bills _____

Do you plan to apply for financial aid? Yes No
(Financial aid decisions are made independently of admission decisions.)

If financial aid is desired, please go to sss.nais.org/parents. Pine Cobble’s SSS identification number is 5792.

In consideration of the undertaking of Pine Cobble School to process this application and related forms, I hereby agree that the information furnished on this form, together with all information and materials of any kind received by Pine Cobble School from any source, or prepared by anyone at the School’s request, shall be confidential and shall not be disclosed to anyone, including me and my family, except as the Head of School may, for official purposes and at his/her discretion, disclose any part thereof to such person or persons as deemed advisable.

I declare that the information reported on this form, to the best of my knowledge and belief, is true, correct, and complete at the date of this application. I am submitting herewith the non-refundable application fee of \$45.00.

Signature of Parent or Guardian

Date

RETURN TO:

Director of Admission
Pine Cobble School
163 Gale Road
Williamstown, MA 01267

Telephone: (413) 458-4680
Fax: (413) 458-8174

Pine Cobble School prohibits in all its programs discrimination against or harassment of any individual or group based on gender, race, color, sexual orientation or religion.



REQUEST FOR SCHOOL RECORDS

To the Parent or Guardian:

Please fill in the information below and submit this request to the Principal's/Head's Office at the school where your child is currently enrolled.

Student Name: _____

Current Grade: _____

I authorize the release of copies of all records and information about the above-named student, including current grades, reports for the past three years, standardized test results, psycho-educational evaluations, and any other relevant information. Please send copies of the above information to:

Director of Admissions
Pine Cobble School
163 Gale Road
Williamstown, MA 01267

Signature of Parent or Guardian

Date

Please print name of parent or guardian.

Thank you for your cooperation.



Recommendation for Students Entering Beginners and Pre-K

NAME OF APPLICANT: _____ **FOR GRADE:** _____

Founded in 1937, Pine Cobble School is an independent, coeducational day school for students from 2 years 9 months through grade 9. The Admission Committee would greatly appreciate your thoughtful response to this evaluation form. Your comments will be instrumental in our decision-making process, and we are grateful for your taking the time to share your thoughts. All recommendations are confidential.

CLASSROOM CHARACTERISTICS

	Not Yet	Sometimes	Often	Consistently
Responds appropriately to peers				
Responds appropriately to adults				
Separates comfortably from parents				
Plays alone happily				
Plays cooperatively with others				
Demonstrates ability to follow positive leads				
Settles down to activity with appropriate focus				
Follows directions				
Takes pride in work				
Cares for belongings and class environment				
Eats independently				
Uses bathroom independently				
Complies appropriately with suggestions/requests				
Responds positively to constructive criticism				
Demonstrates resilience to setbacks				
Listens in a group				
Exhibits self-control				
Expresses ideas appropriately				

Recognizing the varied pace of age-appropriate emergence, please check anywhere along the continuum. Not all characteristics may yet apply (circle N/A).

Vocabulary development _____

Young Age Appropriate Advanced

Speech articulation appropriate _____

Difficult to understand Young Age appropriate

Fine motor skills _____

Avoids Willing to try Enjoys

Alphabet recognition _____

N/A None In own name Some Most All

Letter/sound association _____

N/A None Few Many Beginning reader Fluent

Math skills _____

(patterns, shapes, numeral recognition)

N/A Young Age appropriate Advanced

Is excited for the school experience _____

Thank you for taking your valuable time to complete this evaluation.
Your reflections are an important part of the student's application.

Signature: _____

Please print name

School: _____

Address: _____

Street

City, State

Zip

Phone: _____ Date: _____



Recommendation for Students Entering Kindergarten and First

NAME OF APPLICANT: _____ **FOR GRADE:** _____

Founded in 1937, Pine Cobble School is an independent, coeducational day school for students from 2 years 9 months through grade 9. The Admission Committee would greatly appreciate your thoughtful response to this evaluation form. Your comments will be instrumental in our decision-making process, and we are grateful for your taking the time to share your thoughts. All recommendations are confidential.

CLASSROOM CHARACTERISTICS

	Not Yet	Sometimes	Often	Consistently
Responds appropriately to peers				
Responds appropriately to adults				
Separates comfortably from parents				
Plays alone happily				
Plays cooperatively with others				
Demonstrates ability to lead, initiate				
Demonstrates ability to follow positive leads				
Settles down to activity with appropriate focus				
Demonstrates persistence in learning				
Exhibits consistency in performance				
Makes good use of time				
Follows directions				
Uses materials purposefully				
Takes pride in work				
Cares for belongings and class environment				
Completes tasks independently				
Respects classrooms routines with independence				

FOR GRADE ONE CANDIDATES:

Please describe your curriculum for beginning reading, writing, and math.

FOR ALL CANDIDATES:

Please comment on this applicant's ability to meet the expectations of your program.

What other characteristics of this candidate do you consider unique or notable?

Thank you for taking your valuable time to complete this evaluation.
Your reflections are an important part of the student's application.

Signature: _____ Please print name _____

School: _____

Address: _____
Street City, State Zip

Phone: _____ Date: _____



Recommendation for Students Entering Grades 2-9

Founded in 1937, Pine Cobble School is an independent, coeducational day school for students from 2 years 9 months through grade 9. The Admission Committee would greatly appreciate your thoughtful response to this evaluation form. Your comments will be instrumental in our decision-making process, and we are grateful for your taking the time to share your thoughts. All recommendations are completely confidential.

NAME OF APPLICANT: _____ **APPLYING FOR GRADE:** _____

How long, and in what capacity, have you known the applicant? _____

What are the first words that come to mind to describe the applicant? _____

Academic Qualities:

Academic ability	Outstanding	Very good	Average	Below average
Academic achievement	Outstanding	Very good	Average	Below average
Intellectual curiosity	Outstanding	Very good	Average	Below average
Self-motivation	Outstanding	Very good	Average	Below average
Effort/drive	Outstanding	Very good	Average	Below average
Study habits	Outstanding	Very good	Average	Below average
Ability to work alone	Outstanding	Very good	Average	Below average
Ability to work in a group	Outstanding	Very good	Average	Below average
Reads for pleasure	Always	Frequently	Occasionally	Rarely
Ability to express ideas orally	Outstanding	Very good	Average	Below average
Participates in discussions	Always	Frequently	Occasionally	Rarely
Ability to follow directions	Outstanding	Very good	Average	Below average
Uses suggestions or corrections	Always	Frequently	Occasionally	Rarely
Seeks help when needed	Always	Occasionally	Occasionally	Rarely
Attention span	Outstanding	Very good	Average	Below average

Personal Qualities:

Attention span	Outstanding	Very good	Average	Below average
Maturity for age	Very mature	Above average	Age appropriate	Immature
Consideration	Extremely considerate	Usually considerate	Rarely considerate	Selfish
Social adjustment	Well-adjusted	Occasional problems	Frequent peer difficulties	Relates poorly with peers
Sense of humor	Delightful	Very good	Average	Serious
Self confidence	Very confident	Healthy self image	Needs support	Overly confident
Integrity	Very honest	Usually trustworthy	Occasionally trustworthy	Not trustworthy
Conduct	Well behaved	Usually obeys rules	Occasional misconduct	Disruptive

Do you have any additional information which might be helpful in our evaluation of this student?

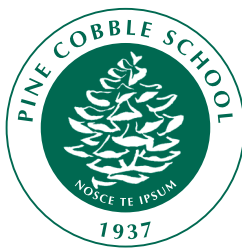
Thank you for taking your valuable time to complete this evaluation.
Your reflections are an important part of the student's application.

Signature: _____
Please print name

School: _____

Address: _____
Street City, State Zip

Phone: _____ Date: _____



English Teacher Recommendation Form for Students Entering Grades 6-9

Founded in 1937, Pine Cobble School is an independent, coeducational day school for students from 2 years 9 months through grade 9. The Admission Committee would greatly appreciate your thoughtful response to this evaluation form. Your comments will be instrumental in our decision-making process, and we are grateful for your taking the time to share your thoughts. All recommendations are confidential.

Name of Student: _____

Please offer your evaluation of the student in comparison to other students in her/his age group whom you have taught.

	One of top few I have encountered	Top 10%	Above average	Average	Below average	No basis for judgment
Academic potential						
Academic achievement						
Intellectual curiosity						
Effort/Determination						
Ability to work independently						
Organization						
Creativity						
Willingness to take intellectual risks						
Concern for others						
Honesty/Integrity						
Self-esteem						
Maturity (relative to age)						
Responsibility						
Respect accorded by faculty						
Respect accorded by peers						
Emotional stability						
Overall evaluation as a person						
Overall evaluation as a student						

How well do you know this student academically? _____

As a person? _____

How long have you known this student? _____

Briefly describe your course. What texts do you employ?

Please add any comments that will give us a more complete picture of the student.

Thank you for taking your valuable time to complete this evaluation.
Your reflections are an important part of the student's application.

Signature: _____
Please print name

School: _____

Address: _____
Street City, State Zip

Phone: _____ Date: _____



Math Teacher Recommendation Form for Students Entering Grades 6-9

Founded in 1937, Pine Cobble School is an independent, coeducational day school for students from 2 years 9 months through grade 9. The Admission Committee would greatly appreciate your thoughtful response to this evaluation form. Your comments will be instrumental in our decision-making process, and we are grateful for your taking the time to share your thoughts. All recommendations are confidential.

Name of Student: _____

Please offer your evaluation of the student in comparison to other students in her/his age group whom you have taught.

	One of top few I have encountered	Top 10%	Above average	Average	Below average	No basis for judgment
Academic potential						
Academic achievement						
Intellectual curiosity						
Effort/Determination						
Ability to work independently						
Organization						
Creativity						
Willingness to take intellectual risks						
Concern for others						
Honesty/Integrity						
Self-esteem						
Maturity (relative to age)						
Responsibility						
Respect accorded by faculty						
Respect accorded by peers						
Emotional stability						
Overall evaluation as a person						
Overall evaluation as a student						

	One of top few I have encountered	Top 10%	Above average	Average	Below average	No basis for judgment
Knowledge of basic skills						
Accuracy in use of basic skills						
Problem solving ability						
Reasoning ability						
Effort						
Overall performance						
Willingness to accept challenges						
Command of math compared to other students you have taught						

How well do you know this student academically? _____

As a person? _____

How long have you known this student? _____

Briefly describe your course. What texts do you employ?

Please add any comments that will give us a more complete picture of the student.

Thank you for taking your valuable time to complete this evaluation.
Your reflections are an important part of the student's application.

Signature: _____ Please print name _____

School: _____

Address: _____
Street City, State Zip

Phone: _____ Date: _____